

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

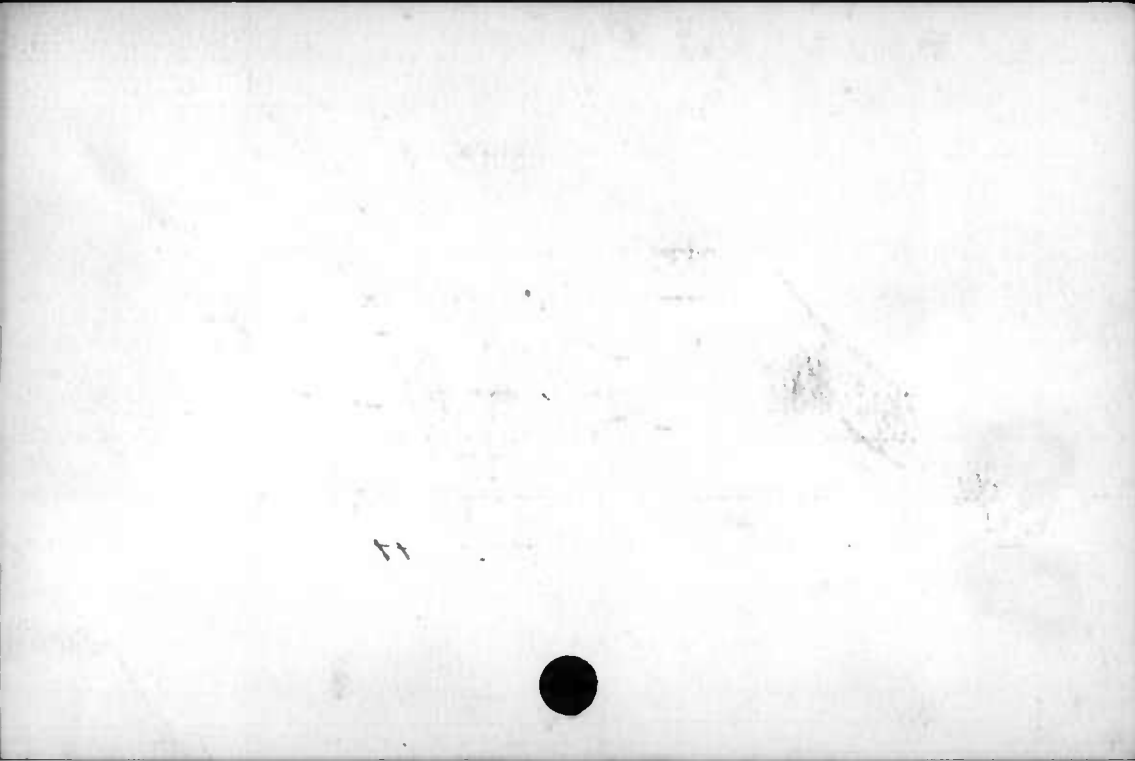
Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>12</i>	Age <i>73</i>	Years <i>6</i> Months <i>26</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Hammelmaker</i>	Where Residing if not at place of death <i>Bel Air Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Louise J. Bauer</i>				
Father's Name <i>Unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving information <i>L. W. Bauer</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William V. Dr. Fisher</i>
<i>Yes</i>	Address <i>Bel Air Md.</i>
Accident or Suicide?	



Name in Full		Chas. Bellmyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bradshaw		Hampford		MARYLAND	
	Date of death	1907	Month 10	Day 10	Age 26	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Rail Roadman		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Henry Bellmyer		Father's Birthplace			
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary Spilken		Mother's Birthplace		Md.	
	Name of person giving information	Mary Bellmyer		How related to deceased		Wife	
	CAUSES OF DEATH						(27)
	Primary	Laryngeal in Pulmonary Intubation					How long
Immediate	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	How long
Accident or Suicide?	yes					Address	
	no					Chas. R. K. Maywood Md.	

Unterwurz
St. Stephan

Bozadoban und

Name
in
Full

Eva Bond.

CERTIFICATE OF DEATH

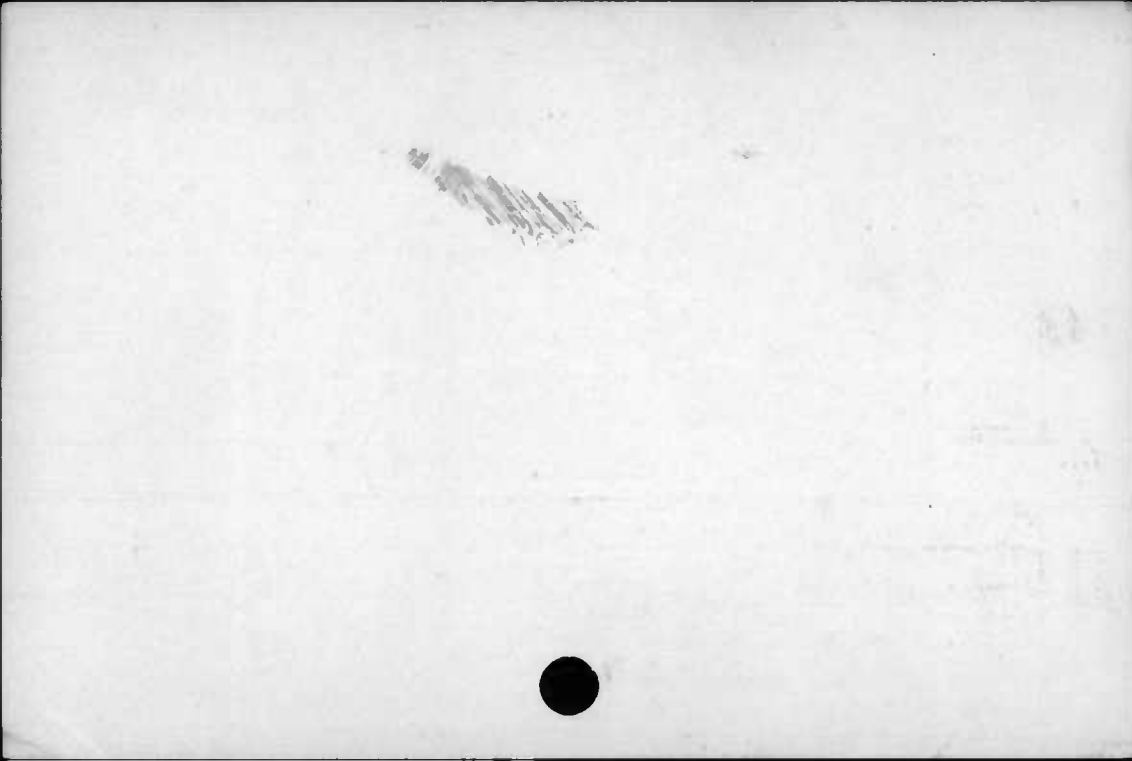
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Castleton</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>8</u>	Age <u>21</u>	Months <u>1</u>	Days <u>✓</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Castleton Md.</u>			
Occupation <u>House work</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>John A Bond</u>	Father's Birthplace <u>Castleton Md.</u>				
Mother's Maiden Name <u>Sarah Prigg</u>	Mother's Birthplace <u>Castleton Md.</u>				
Name of person giving information <u>Jno A Bond</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Pneumonia</u>	How long <u>4 wks.</u>
Immediate <u>Respiratory Paralysis</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. M. Ragan M.D.</u>
	Address <u>Conowingo Md.</u>
Accident or Suicide?	



Name
in
Full

Andrew J. Brashers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wesley Chapel</i>		Town <i>Heardford</i>		County <i>Heardford</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>23</i>	Age <i>72</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>				
Occupation <i>machinist</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Martina J. Brashers</i>						
Father's Name <i>Not Known</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>H. W. Constance</i>	How related to deceased <i>stepson</i>						

CAUSES OF DEATH

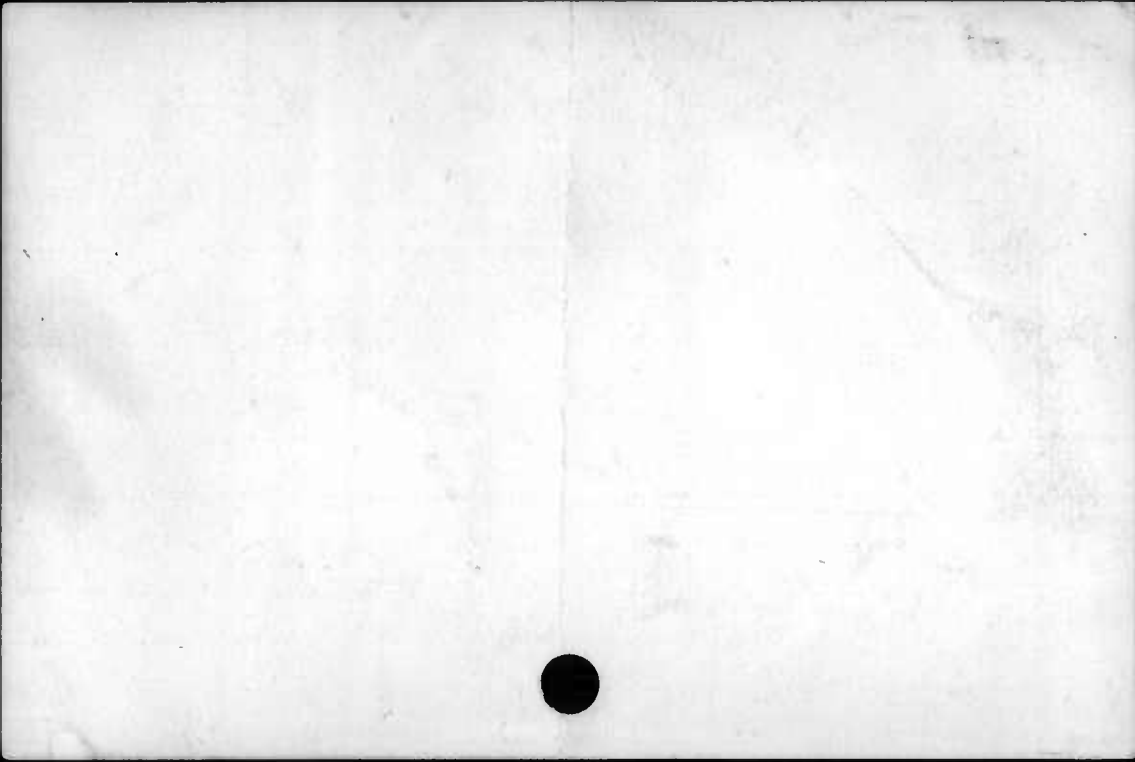
166

PHYSICIAN
OR CORONER

Primary <i>Was injured by a fall</i>	How long
Immediate <i>Blood clot on brain</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Waverly Grace</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name in Full		Mary Callahan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Belcamp</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND		
	Date of death <u>1907</u>	<u>10</u> <small>Month</small>	<u>10th</u> <small>Day</small>	Age <u>30</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>7</u> <small>Days</small>	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co Md</u>			
	Occupation <u>Housework</u>		Where Residing if not at place of death _____				
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____					
	Father's Name <u>Jeremiah Callahan</u>	Father's Birthplace <u>Harford Co Md</u>					
	Mother's Maiden Name <u>Katherine Cronin</u>	Mother's Birthplace <u>Harford Co Md</u>					
	Name of person giving information <u>Daniel Callahan</u>		How related to deceased <u>Brother</u>				
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary <u>Pulmonary and Laryngeal phthisis</u>		How long <u>2 years</u>				
	Immediate <u>Inability to swallow nourishment & cardiac failure</u>		How long <u>about 10 days</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. A. Callahan</u>				
			Address <u>Creswell Md</u>				
Accident or Suicide? <u>No</u>							



Name
in
Full

Charles Cooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

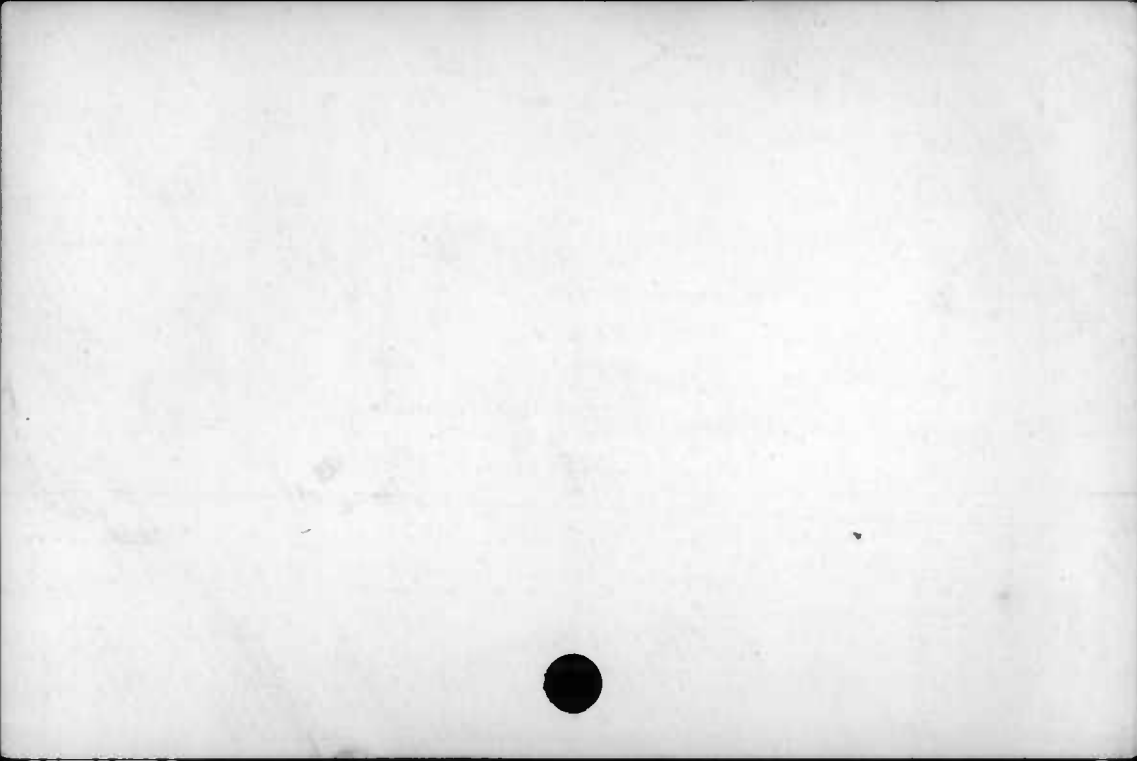
Died <i>near Aberdeen</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1907	Month	Oct	Day	14	Age	about 40
Sex	Male	Color or Race	White	Birth-place	Unknown		
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	Howard H. Mitchell			How related to deceased			
				None			

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	<i>Acute Alcoholism</i>	How long	<i>Unknown</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of		<i>James T. Pritchard</i>	
Address		<i>Aberdeen, Md</i>	
Accident or Suicide?			



Name
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Full

Lonnie Cullum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

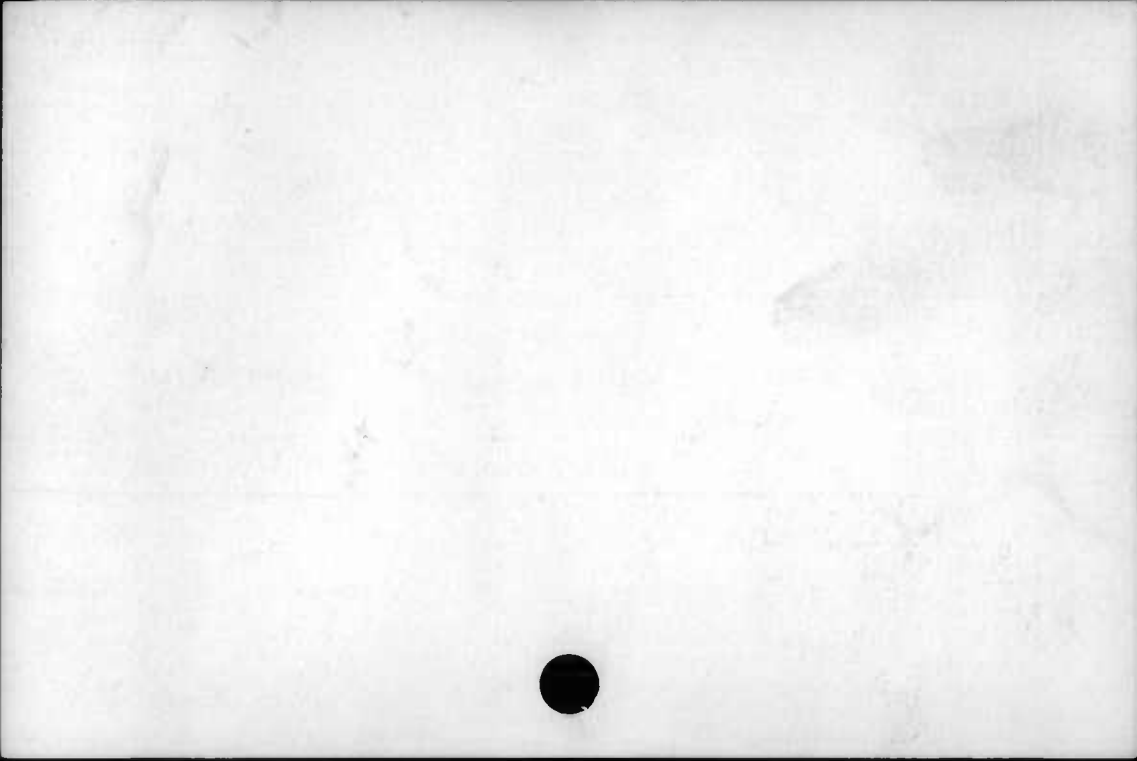
Died at <i>Calvary</i> ^{Town}		<i>Kearford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>21</i> ^{Day}	Age ^{Years}	<i>2</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>Ind.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Morgan Cullum</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Alice Kellinger</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Morgan Cullum</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 month</i>
Immediate <i>Convulsions</i>	How long <i>about 1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J A Callahan</i>
	Address <i>Breswell</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <u>Maclon</u>		County <u>Harford.</u>		MARYLAND	
Date of death	1907	Month <u>Oct.</u>	Day <u>16.</u>	Age <u>62</u>	Years Months Days
Sex <u>Male.</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>_____</u>				
Married , Single or Widowed	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Andrew. Cunningham</u>	Father's Birthplace <u>_____</u>				
Mother's Maiden Name <u>Mary. Ruff</u>	Mother's Birthplace <u>_____</u>				
Name of person giving information <u>Charles E. Chapman</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>Four days</u>
Immediate <u>" "</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. H. E. Arthur</u>
	Address <u>Cardiff Md</u>
Accident or Suicide?	

Oct-19-07

Dublin and

Name
in
Full

Lucinda

Daniel

CERTIFICATE OF DEATH

Died at *Bushes* Town*Harford* County

MARYLAND

Date of death 1907

Month 10

Day 18

Age

Years 92

Months 11

Days 1

Sex *Female*

Color or Race

Colorred

Birthplace

Middle sit co va

Occupation

Retired from Labor

Where Residing if not at place of death

Married, or Widowed

Widow

Name of Wife or Husband

Lucinda Daniel

Father's Name

*N**Daniel*

Father's Birthplace

Middle sit co

Mother's Maiden Name

don't know

Mother's Birthplace

—

Name of person giving information

Joseph Daniel

How related to deceased

Son

CAUSES OF DEATH

454

Primary

Natural decline due to Age

How long

unknown

Immediate

collapse

How long

unknown

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

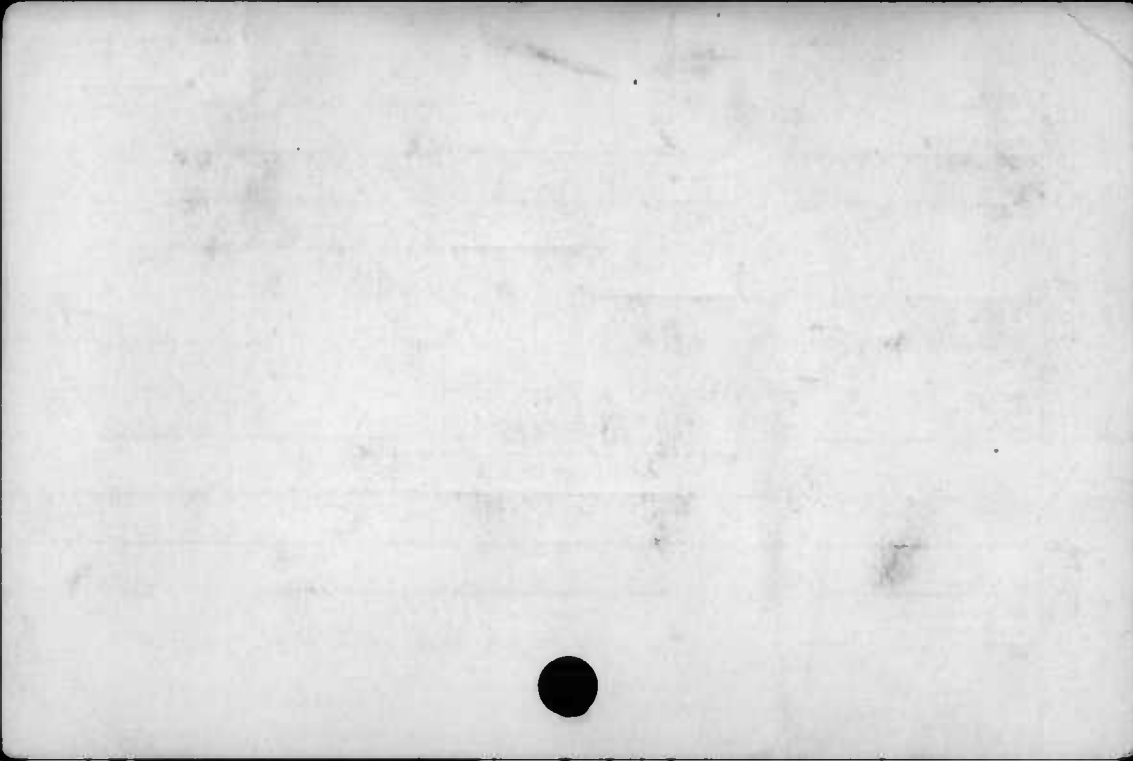
R. F. W. Oppermann

Address

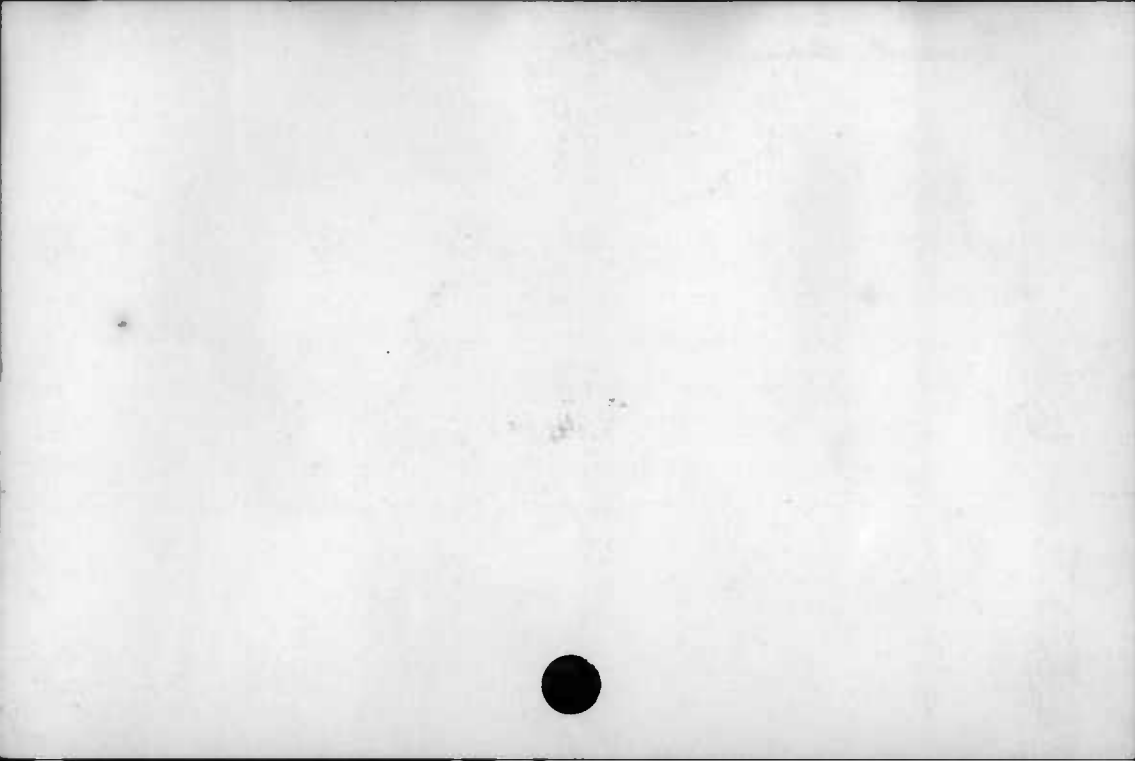
Cabington

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
Jane Dawson		Harre de Grace				Baltimore		MARYLAND			
Died at		Date of death		Month		Day		Years		Months	
1907		Oct		3		Age		84		7	
Sex		Female		Color or Race		White		Birthplace		Ireland	
Occupation		House work		Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		J. Dawson					
Father's Name		Francis McFeely		Father's Birthplace		Ireland					
Mother's Maiden Name		Mary Kane		Mother's Birthplace							
Name of person giving information		Mrs M Boyz		How related to deceased		Niece					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">119</div>											
Primary		Age		How long							
Immediate		Acute nephritis		How long		About 1 week					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R W Smith					
				Address		Harre de Grace					
Accident or Suicide?											



Name
in
Full

Frank Duncan Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

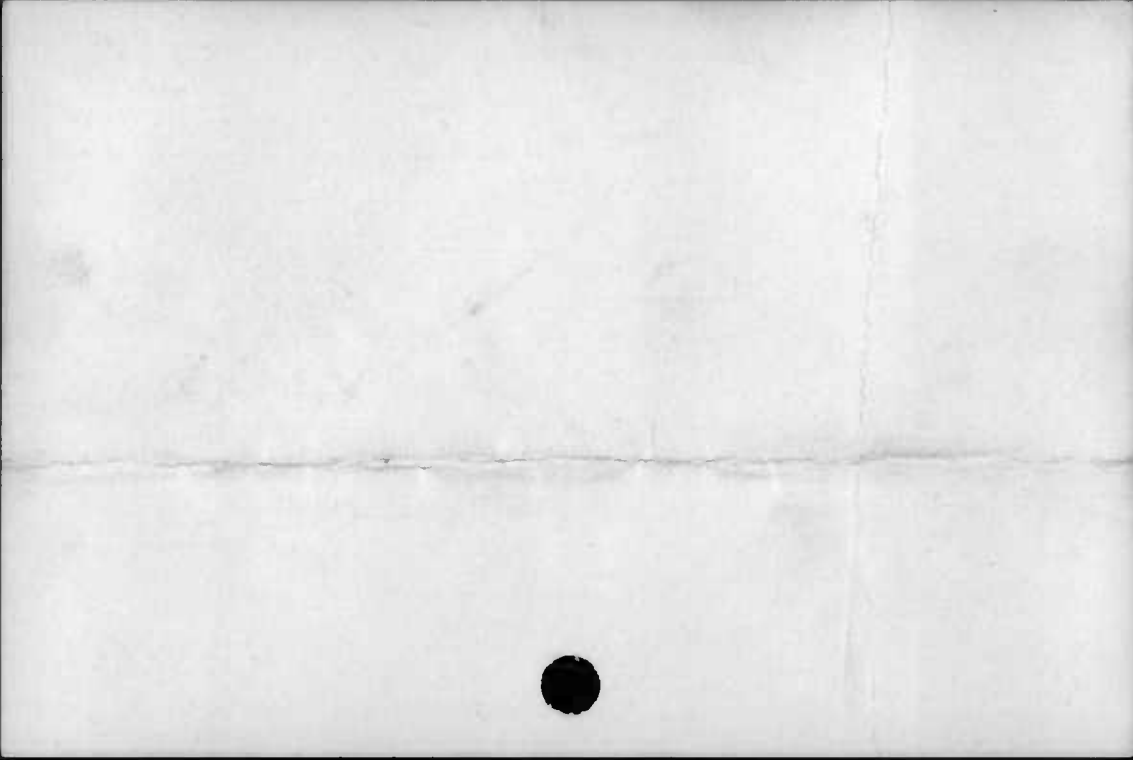
Died at <i>Dylesville</i> ^{Town}		<i>Harford Co.</i> ^{County}		MARYLAND	
Date of death <i>1907 Oct -</i> ^{Month}		<i>15th</i> ^{Day}	<i>one</i> ^{Years}	<i>three</i> ^{Months}	<i>thirteen</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co. Md.</i>		
Occupation			Where Residing if not at place of death <i>at Home</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Frank. Duncan</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah A. Barrett</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Duncan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>3w of weeks</i>
Immediate <i>Pertussis with intestinal complications</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Vallie Hawkins M.D.</i>
	Address <i>Facon Group - P.O.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

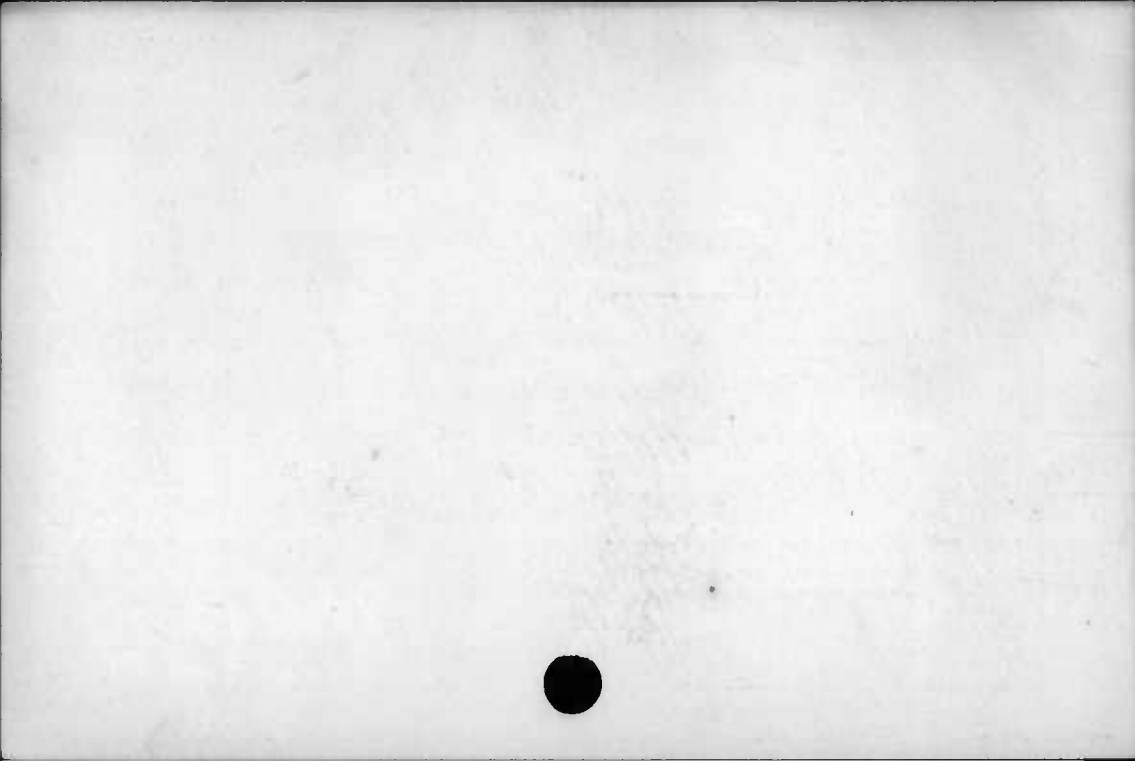
Died at <u>William H Ford</u>		Town <u>Windsor</u>		County <u>Windsor</u>		MARYLAND	
Date of death	1907	Month	Oct	Day	26	Age	77
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <u>Katie B. Ford</u>			
Father's Name	<u>James Ford</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name	<u>Susan Michael</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information	<u>Barrie R Ford</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>4 yrs</u>
Immediate	<u>Paralysis</u>	How long	<u>supernatural</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. J. Oker</u>	
		Address	
		<u>Princeton</u>	
Accident or Suicide?			
		<u>Yes</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Hall* Town *Rocks* County *Harford* MARYLAND

Died at *Rocks*

Date of death *1907* Month *Oct* Day *27* Age *—* Years *—* Months *1* Days *14*

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George Hall* Father's Birthplace *Maryland*

Mother's Maiden Name *Sadie Garrison* Mother's Birthplace *"*

Name of person giving information *Wm Rice* How related to deceased *Cousin*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Malnutrition* How long *Several weeks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. F. Bradley*

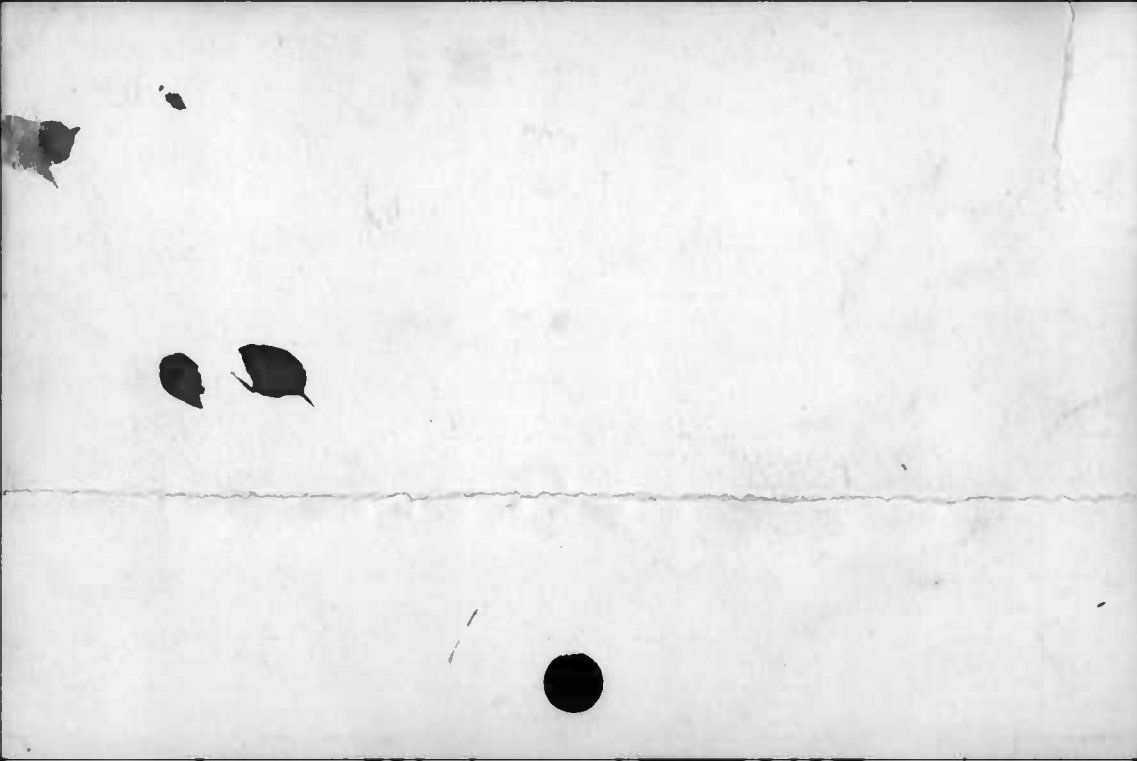
Address *Garrettsville Ind.*

Accident or Suicide? *—*

22.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Calvary</u> Town		County <u>Harford</u>	
		Date of death <u>1907</u> Month <u>10</u> Day <u>21</u>		Age <u>78</u> Years Months <u> </u> Days <u> </u>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co</u>	
		Occupation <u> </u>		Where Residing if not at place of death <u> </u>	
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John W. Hamby</u>	
Father's Name <u>Robert Mitchell</u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Marilla Hamby</u>		Mother's Birthplace <u>md.</u>			
Name of person giving information <u>Miss Hamby</u>		How related to deceased <u>Daughter</u>			
CAUSES OF DEATH (106)					
PHYSICIAN OR CORONER		Primary <u>Gastro enteritis</u>		How long <u>6 weeks</u>	
		Immediate <u>Exhaustion & Cardiac failure</u>		How long <u>2 weeks</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J A Callahan</u>	
		Address <u>Creswell</u>		Address <u>md</u>	
Accident or Suicide? <u>no</u>					



Name
in
Full

James Hooper.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Emmorton</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month 10	Day 1	Age 26	Years Months Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth- place <i>Ind</i>		
Occupation <i>labor</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Hooper</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sallie Howard</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Sallie Hooper</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>several years</i>
Immediate <i>Exhaustion</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Vant Bibber</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>No.</i>	<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodside</i> ^{Town}		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>6</i> ^{Day}	Age <i>35</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Woodside</i>				
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Wm. L. Hoopes</i>				
Father's Name <i>Edmond Purdon</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Phoebe H. Huskins</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Wm. L. Hoopes</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

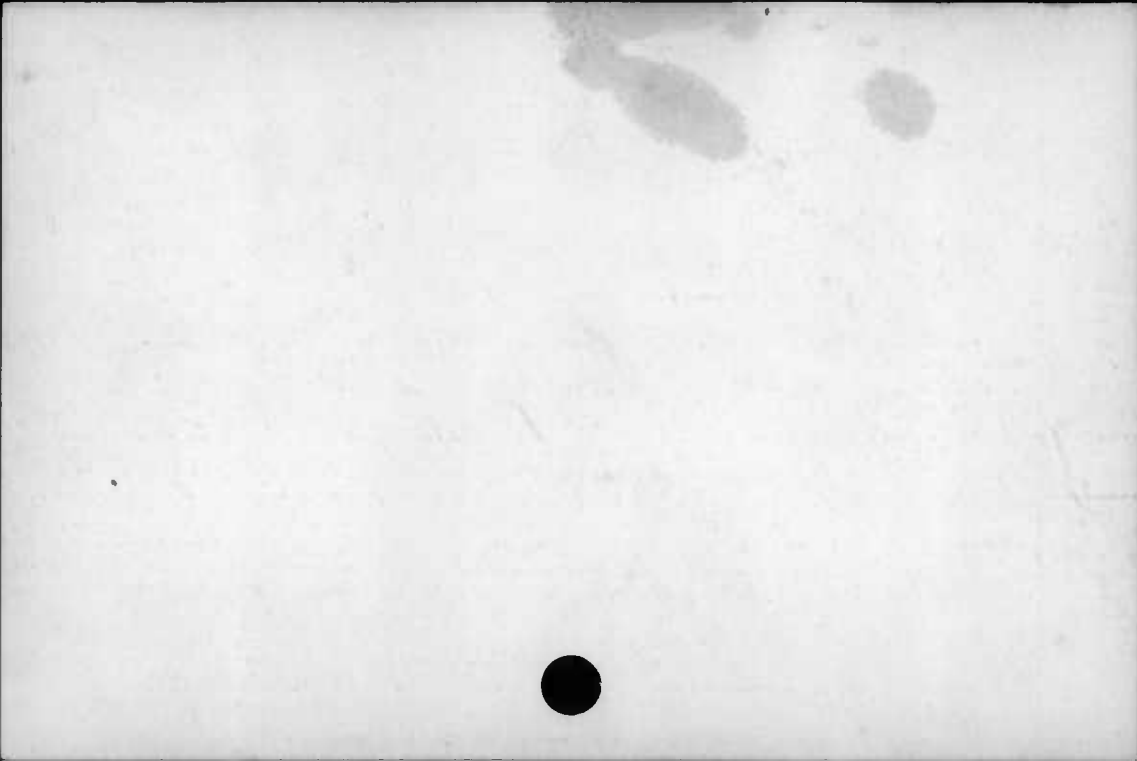
(47)

PHYSICIAN
OR CORONER

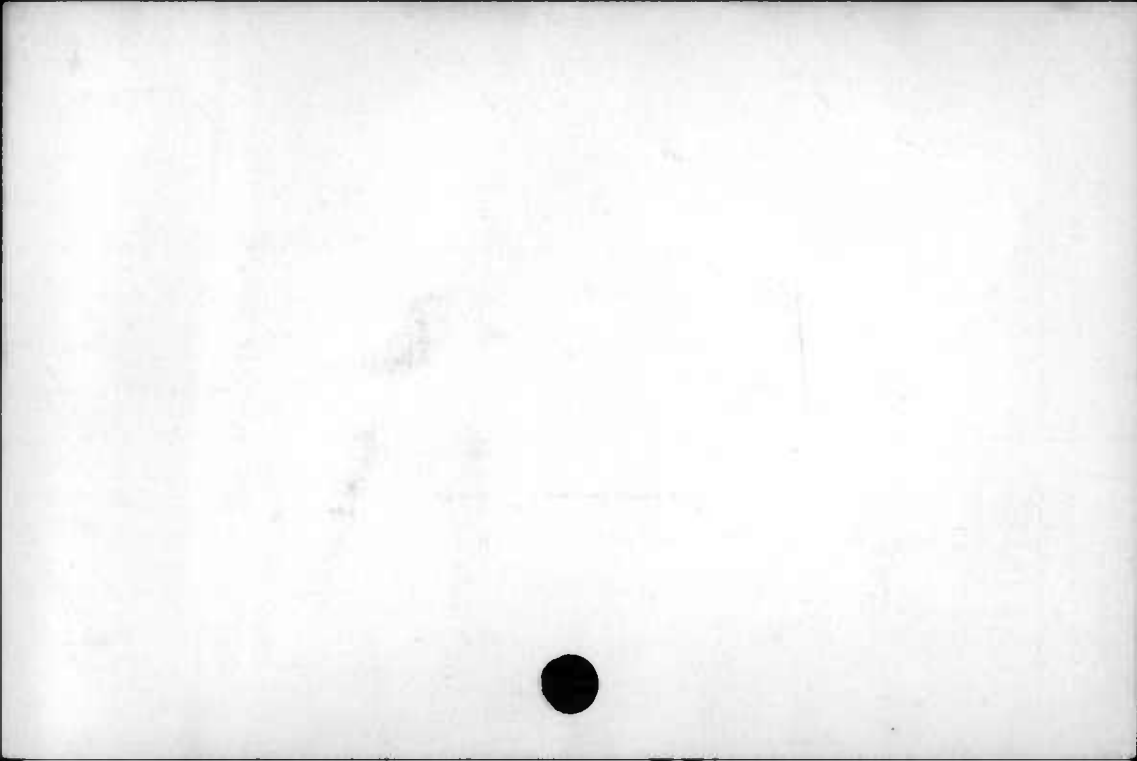
Primary <i>Rheumatism</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Bellingsworth</i>
	Address <i>Bethesda Md</i>
Accident or Suicide?	

Friends meeting House
Great Hill.

Name in Full John James		Town Neau Harrods Grace				County Barford		CERTIFICATE OF DEATH	
Died at		Date of death				Age		MAYLAND	
Month Oct		Day 20		Years 41		Months -		Days ✓	
Sex Male		Color or Race Black		Birth-place Harrods Grace					
Occupation Labor		Where Residing if not at place of death Dakington Md.							
Married, Single or Widowed Single		Name of Wife or Husband -							
Father's Name Charles James		Father's Birthplace Barford Co.							
Mother's Maiden Name Mary E Brooks		Mother's Birthplace New York							
Name of person giving information Hilma James		How related to deceased Brother							
CAUSES OF DEATH									
Primary Accidental Drowning		How long 172							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Michael J. Foley (Coroner)							
		Address Harrods Grace Md							
Accident or Suicide? Accident									



Name in Full George Johnson		Town Churchville				County Harford		CERTIFICATE OF DEATH	
Died at		Month Oct		Day 1		Years 58		MARYLAND	
Date of death		1907		1		2		12	
Sex M.		Color or Race Colored		Birthplace Baltimore					
Occupation Farm labor		Where Residing if not at place of death Churchville							
Married, Single or Widowed Single		Name of Wife or Husband Lizzie Johnson							
Father's Name Don't know		Father's Birthplace Baltimore							
Mother's Maiden Name Mary		Mother's Birthplace "							
Name of person giving information Mary E. Johnson		How related to deceased Daughter							
CAUSES OF DEATH (61)									
Primary Meningitis		How long 3 weeks							
Immediate Exhaustion		How long							
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Robert S. Day							
		Address Bel Air							
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lula Johnson</i>		Town <i>Forest Hill</i>		County <i>Hanford</i>		State <i>MARYLAND</i>	
Died at <i>Forest Hill</i>		Month <i>Dec</i>		Day <i>2</i>		Age <i>29</i>	
Date of death <i>1901</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>Servant</i>		Where Residing if not at place of death <i>Forest Hill</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Pearl Johnson</i>					
Father's Name <i>Wm. Turner</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Emma Bond</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Emma Turner</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

127

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Eighteen months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. H. Newman</i>
	Address <i>Janetteville Ind.</i>
Accident or Suicide? <i>—</i>	

14.
Fairview

Name
in
Full

CERTIFICATE OF DEATH

Bessie Norris

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i> <small>Town</small>		<i>Horford</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>3</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Md.</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Walter Norris</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mattie A. Harman</i>		Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Walter Norris</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Two months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide? <i>No</i>	

Slate Ridge.

Oct-6-07

Name
in
Full

Ellen Oteil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>Oct</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>65</i> <small>Years</small>	<i>-</i> <small>Months</small>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House work</i>		Birth-place	<i>Pennsylvania</i>	
Where Residing if not at place of death			<i>- - - - -</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>- - - - -</i>	
Father's Name	<i>Owen Oteil</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Catherine Rine</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs Charles Snyder</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Acute pneumonia</i>	How long	<i>About 1 yr</i>
Immediate	<i>General debility</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. W. Snyder</i>
<i>Yes</i>		Address	<i>Home on Grace</i>
Accident or Suicide?		<i>No</i>	

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

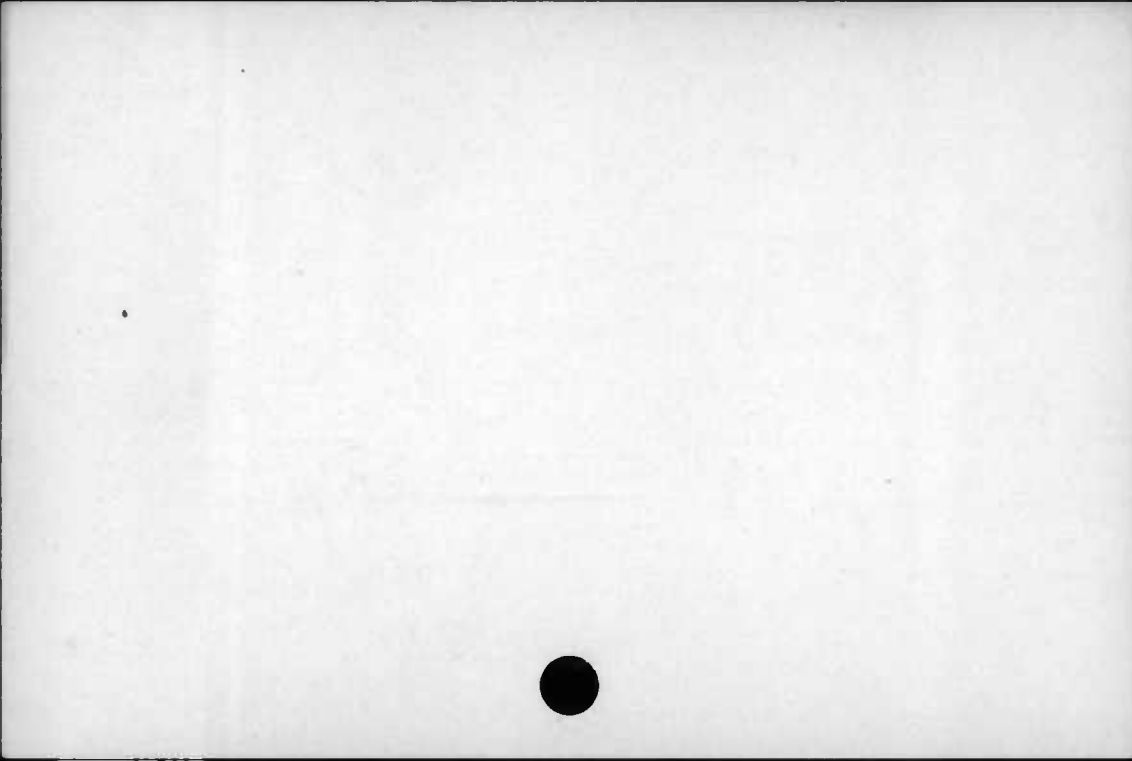
Died at <u>Michelle</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Oct</u> ^{Day} <u>1</u> ^{Year} <u>52</u>		Age <u>52</u>		Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Garrett Osborn</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah A. Summalt</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Geo. B. Osborn</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>Two weeks</u>
Immediate <u>Heart Failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Sumner</u>
Accident or Suicide? <u> </u>	<u> </u>



Name
in
Full

Bertha L. Presbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

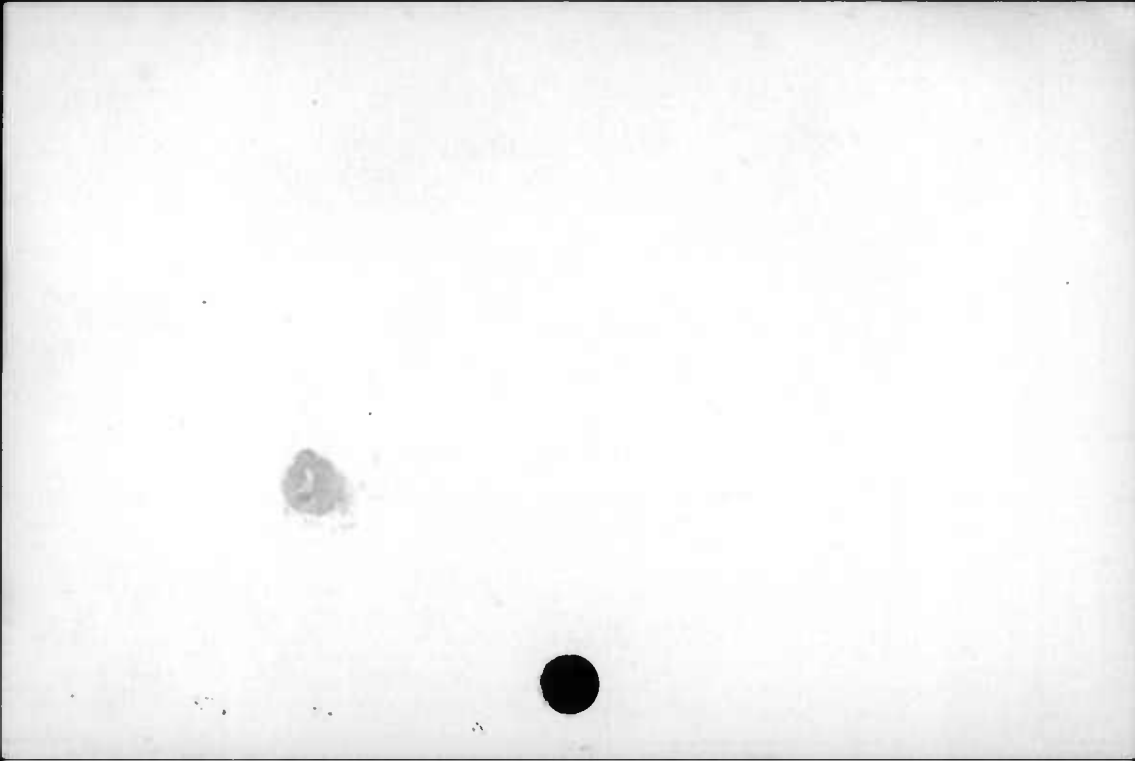
Died at <i>Berkley</i>		Town <i>Berkley</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>31</i>		Age <i>31</i>	
Sex <i>Female</i>		Color or Race <i>african</i>		Birth-place <i>Port dePOSIT</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Berkley</i>					
Married, Single <i>Married</i>		Name of Wife Husband <i>John M. Presbury, colored</i>					
Father's Name <i>Unknown - Wilson</i>		Father's Birthplace <i>Port dePOSIT</i>					
Mother's Maiden Name <i>Annie - Unknown</i>		Mother's Birthplace <i>Port dePOSIT</i>					
Name of person giving information <i>John M. Presbury</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis, Pulmonary</i>	How long, <i>2 years</i>
Immediate	<i>Exhaustion</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ephr^m Hopkins</i>
		Address <i>Darlington Md</i>
Accident or Suicide?		



Name
in
Full

Margery A. Prigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bel Air ^{County} Howard, MARYLAND

Date of death 1907 ^{Month} Oct. ^{Day} 8th ^{Age} 75 ^{Years} Months Days

Sex Female Color or Race white Birth-place Md.

Occupation Where Residing if not at place of death Bel Air.

Married, Single or Widowed Widow Name of Wife or Husband Allen J. Prigg

Father's Name Reuben Alexander Father's Birthplace Pa

Mother's Maiden Name Catherine Lowe Mother's Birthplace "

Name of person giving information E. Prigg How related to deceased Son.

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary General Debility How long 3 weeks

Immediate Cardiac Failure How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. Hall Tucker Address Bel Air Md.

Accident or Suicide?

Back Spring

Name
in
Full

Elmer H. Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

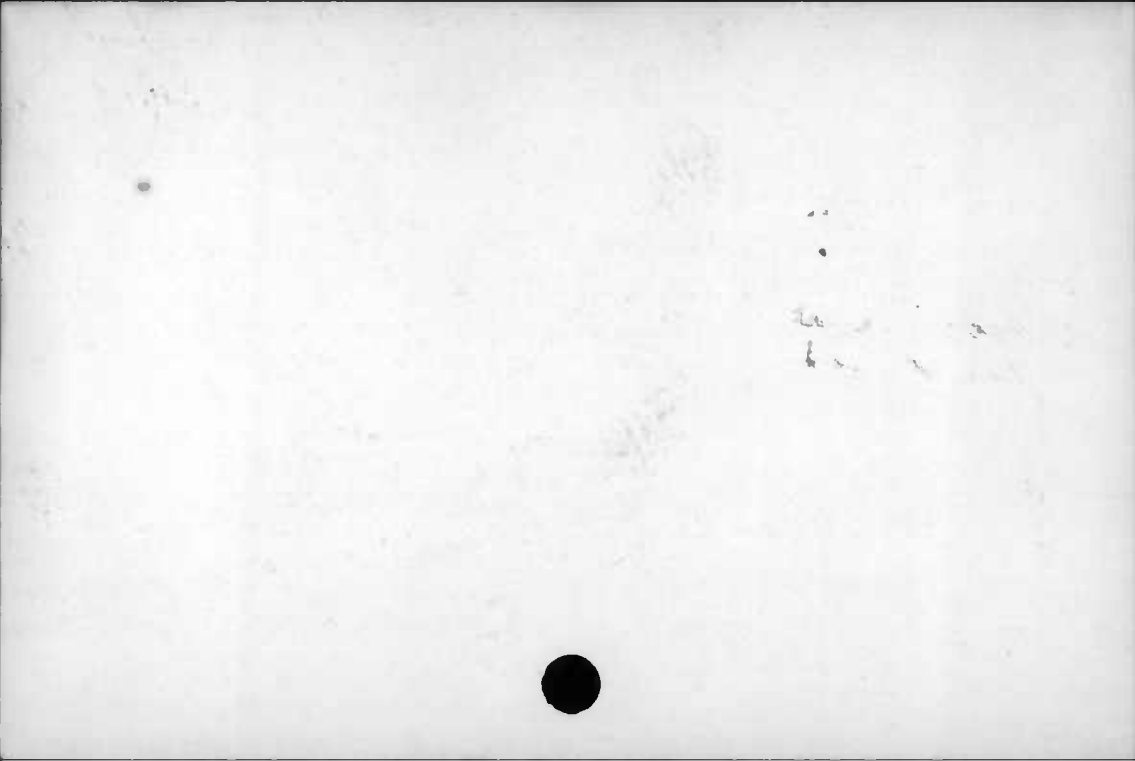
Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death		Month 1907 Oct.	Day 2	Years Age 54		Months 10	Days
Sex Male		Color or Race White		Birth-place Easton Md.			
Occupation Editor				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband E. Lillian Pritchett					
Father's Name Ander B. Pritchett				Father's Birthplace Easton Md.			
Mother's Maiden Name Miriam G. Hewitt				Mother's Birthplace " "			
Name of person giving information E. L. Pritchett				How related to deceased Wife			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 months to my knowledge
Immediate	Heart Complications	How long	a few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. Smith M.D.	
		Address Harrods Grace Md.	
Accident or Suicide?			



Name
in
Full

Adele Franklin Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

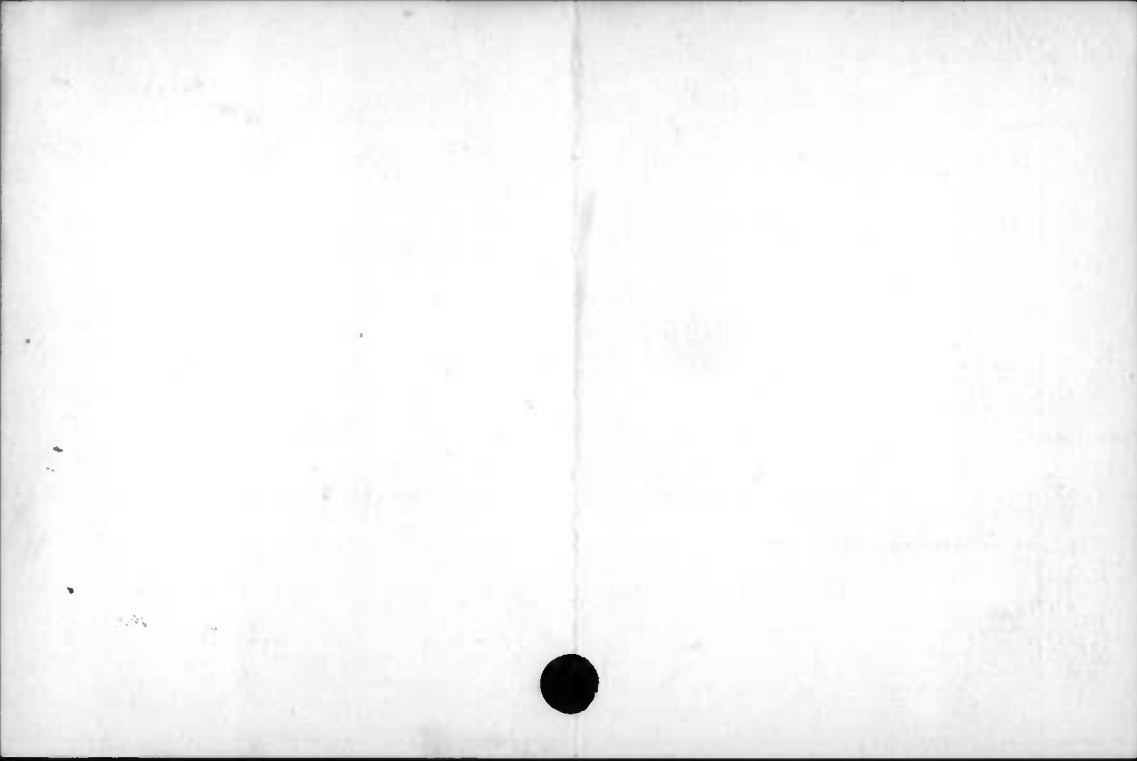
Died at <u>Wilna</u> Town		<u>Harford</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>October</u>	Day <u>7</u>	Age <u>1</u> Years	Months <u>2</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u></u>		Where Residing if not at place of death <u>Wilna</u>			
Married, Single or Widowed		Name of Wife or Husband <u></u>			
Father's Name <u>J. Alexis Shriver</u>		Father's Birthplace <u>Balt. Md.</u>			
Mother's Maiden Name <u>Marriett Van Bibber</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>J. Alexis Shriver</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>seven days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>William V. Archer</u>	
		Address <u>Bel Air</u>	
		<u>Md.</u>	
Accident or Suicide?			



Name
in
Full

Viola Singletoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Castleton

Town

County

Harford

MARYLAND

Date

of death 1907

Month

10

Day

10

Age

Years

14

Months

7

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

School Girl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ford Singletoy

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Smith

Mother's
Birthplace

Maryland

Name of person giving
In formation

Wm. Singletoy

How related
to deceased

Stepfather

CAUSES OF DEATH

Primary

Typhoid & Paralysis

How long

3 weeks

Immediate

Eutolism

How long

one week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J B Kirk
Dorchester, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ella Stansbury ✓

Died at *In Chesapeake Bay* ^{Town} *Donford* ^{County}

MARYLAND

Date of death *1907* ^{Month} *Oct* ^{Day} *20* ^{Years} *20* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Black* Birth-place *Spedonia Isl.*

Occupation *House work* Where Residing if not at place of death *at Oakington*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John R. Stansbury* Father's Birthplace *Unknown*

Mother's Maiden Name *Emma Harte* Mother's Birthplace *"*

Name of person giving information *John R. Stansbury* How related to deceased *Adopted father*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Accidental Drowning* How long *—*

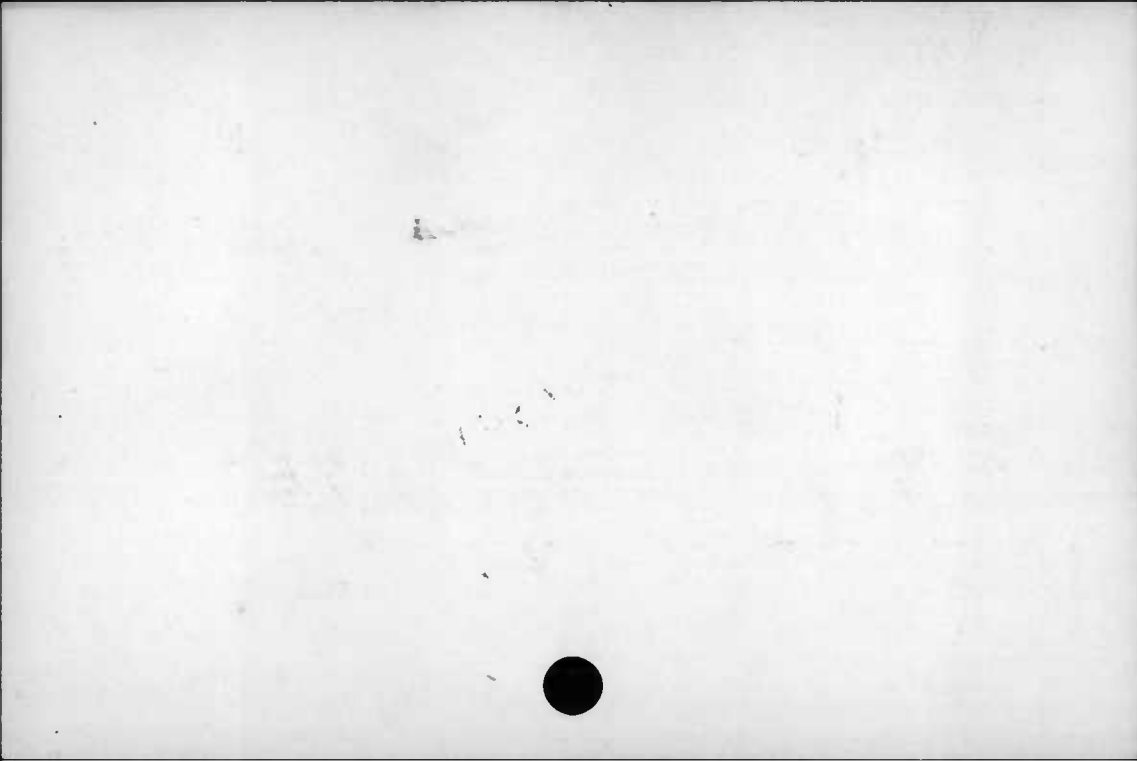
Immediate *Immediate* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Michael H. Foley (Coroner)*

Address *Stam de Grace*

Accident or Suicide? *Med*



Name
In
Full

Chas. J. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

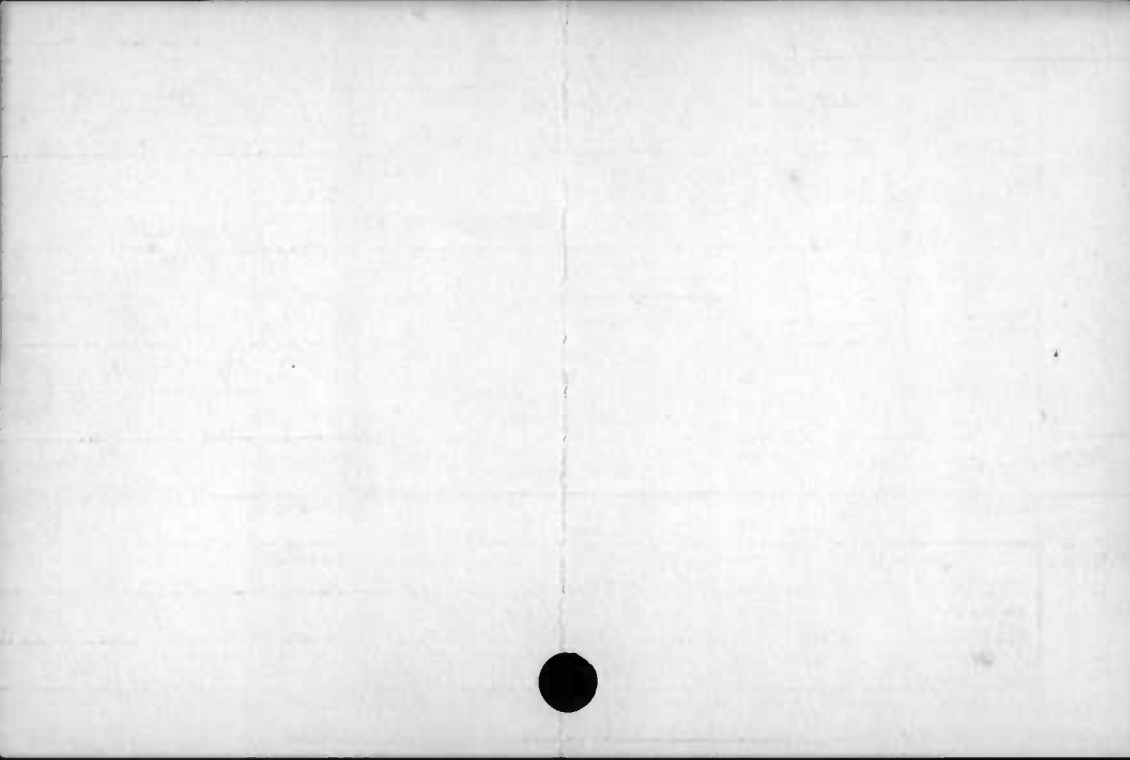
Died at <i>Perryman</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1907	Month	Oct	Day	12
Age	23	Years	2	Months	3
Sex	Male	Color or Race	White	Birth-place	Balto Md
Occupation	Chump -	Where Residing if not at place of death		No residing place	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Saml. J. Ward		Father's Birthplace	Not known	
Mother's Maiden Name	Not known		Mother's Birthplace	Not known	
Name of person giving information	Saml. M. Ward		How related to deceased	Father	

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary	<i>Killed by R. R. Train</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Richard B. Taylor J. P</i>
		Address	<i>acting Coroner Perryman Md</i>
Accident or Suicide?	<i>accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>52</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>			
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Wm. White</i>				
Father's Name <i>George Archer</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Georganna Archer</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Georganna Toney</i>	How related to deceased <i>Daughter</i>				

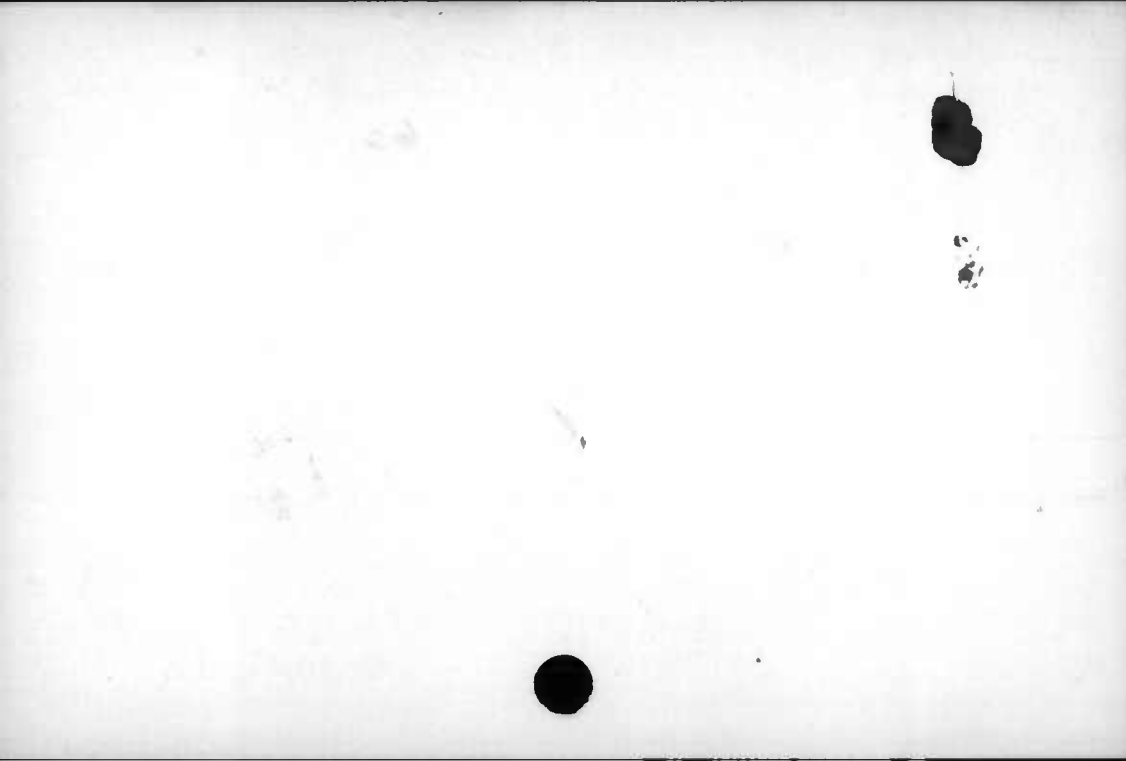
CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary Cause <i>Cardiac Failure</i>	<i>79</i>
Immediate Cause <i>Cardiac Failure</i>	<i>1 Year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Hall Richardson</i>
	Address <i>Bel Air, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Frank Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town <u>Columbia</u> County <u>Harford</u>		MARYLAND.	
Date of death 190 <u>7</u> Month <u>10</u> Day <u>23</u> Age <u>2</u> Years <u>60</u> Months Days	Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Maryland</u>
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Baltimore</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Annie Williams</u>		
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>David Williams</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <u>Enlarged Heart</u>	How long <u>1 yr</u>
Immediate <u>asthma cardiac</u>	How long <u>1 yr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Reuben Ramsey</u>
	Address <u>Wells Pa</u>
Accident or Suicide? <u>—</u>	

Mr. Bion